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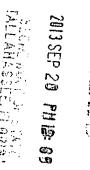
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

QUARTIER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danilo Jimenez

at 305 932-6262

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60.00 Filing Fee,
Certificate of Staius &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

QUARTIER, LLC		
(Name of the Limited Liability (A Florida l	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L10000082349	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:	A-148-14-1	00-4-4-1-10-0-10-0-10-1-1-1-1-1-1-1-1-1-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	ered office address on our records ress here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	I Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address Type of	f Action
MGR	OSHEA, MARCELO	8620 NE 2 Avenue	Add
		MIAMI, FL 33138 ✓	Remove
MGR	MATUK, ANA L	8620 NE 2 Avenue	Add
		MIAMI, FL 33138	Remove
MGR	S & A Company Management, LLC	2875 NE 191st Street, Suite 801	Add
		Aventura, FL. 33180	Remove
			Remove
			Add Remove